



Administrative Policies and Procedures: 29.10

| | |
|---------------------|--|
| Subject: | Occupational Injuries and Illnesses |
| Authority: | TCA 37-5-105, 37-5-106 |
| Standards: | None |
| Application: | To All Department of Children's Services Employees |

Policy Statement:

DCS shall comply with all applicable regulations of the **Tennessee Occupational Safety and Health Administration (TOSHA)** as set forth in **29 CFR 1904** and **29 CFR 1910** by implementing the **DCS Occupational Safety and Health Program Plan**.

Purpose:

To provide a safe and healthful working environment for DCS employees.

Procedures:

| | |
|------------------------------------|---|
| A. Record keeping | <ol style="list-style-type: none">1. The YDC superintendent, regional administrator or DCS group home supervisor must ensure that each DCS facility and office shall document occupational related injuries and illnesses as required by TOSHA 29 CFR 1904, and explained in <u>Record Keeping Guidelines For Occupational Injuries And Illnesses (LAB-441)</u>.2. Information and forms are available on the Internet Website www.osha.gov.3. The superintendent, regional administrator or DCS group home supervisor must designate a staff member to complete the appropriate OSHA forms, including the Log of Work-Related Injuries and Illnesses (OSHA Form 300); Summary of Work-Related Injuries and Illnesses (OSHA Form 300A); Injury and Illness Incident Report (OSHA Form 301). Note: TOSHA allows substitution of Department of labor Form C20, LB-0021 (rev 12-01), Employer's First Report of Work Injury or Illness, for the OSHA Form 301.4. A copy of the documentation must be sent to the central office DCS Facility Safety Officer, Division of Facilities and Support Services, who shall submit the department's annual report to TOSHA.5. All required records must be maintained on file for five (5) calendar years after the year of occurrence. |
| B. Investigator of Incident | The DCS Commissioner/designee will request that the Departmental Safety Officer conduct an internal investigation and notify TOSHA within forty-eight (48) hours of |

| | |
|---------------------------------|--|
| | <p>any incident involving:</p> <ol style="list-style-type: none">1. An occupational-related employee fatality, or2. Interrelated occupational injuries or illnesses to five (5) or more employees requiring medical attention greater than first aid or resulting in loss of a workday or more by each employee. |
| C. Employee Notification | <ol style="list-style-type: none">1. The superintendent, regional administrator or DCS group home supervisor must ensure that copies of the OSHA poster are posted in all DCS facilities. The poster will read:<div data-bbox="784 548 1109 743" style="border: 2px solid blue; padding: 10px; text-align: center;">“You Have The Right to a Safe and Healthful Workplace. It’s The Law!”</div>2. The poster must be posted in prominent locations at all DCS facilities and offices in order to inform employees of their rights and responsibilities under the <i>Tennessee Occupational Safety and Health Act of 1972.</i>3. Appendix III from the Occupational Safety and Health Plan shall be posted with the OSHA poster.4. All DCS employees shall be made aware of any hazardous conditions that may exist in their work location, and shall know the procedures for filing complaints with the department of Labor if they believe themselves exposed to unsafe and/or unhealthful conditions.5. The Departmental Safety Officer shall ensure that current materials from OSHA and TOSHA are forwarded to all DCS locations. All necessary OSHA and TOSHA materials and information may be ordered from the following address:<div data-bbox="803 1287 1401 1423" style="text-align: center;">Tennessee Department of Labor Division of Occupational Safety and Health 710 James Robertson Parkway 37243 Phone: (615) 741-7179</div> |

| | |
|---------------|---|
| Forms: | www.osha.gov <i>OSHA Form 300 Log of Work-Related Injuries and Illnesses</i> <i>OSHA Form 300A Summary of Work-Related Injuries and Illnesses</i> <i>OSHA Form 301 Injury and Illness Incident Report</i> <i>LB-0021 (Rev.12-01) Employer's First Report of Work Injury or Illness</i> |
|---------------|---|

| | |
|------------------------------|--|
| Collateral documents: | <i>DCS Occupational Safety and Health Program Plan</i> |
|------------------------------|--|

| | |
|------------------------------|---|
| Glossary: | |
| Term | Definition |
| Occupational illness: | Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. |